CCA Health California
Authorization Request Form (Organization Determination)

Instructions
Prior authorizations are required for all procedures and medical services listed in the table below. **Providers and facilities must be in network.** Complete this form in its entirety, include supporting clinical documentation and fax it to Utilization Management at 1-866-207-6779 Routine authorization requests are processed within 14 calendar days and Medically Expedited/Urgent Requests within 72 hours. (**MEDICALLY EXPEDITED/URGENT REQUESTS: THE DEFINITION OF URGENT/EXPEDITED SERVICE REQUEST DESIGNATION IS WHEN THE TREATMENT REQUESTED IS REQUIRED TO PREVENT SERIOUS DETERIORATION IN THE MEMBER'S HEALTH OR COULD JEOPARDIZE THE ENROLLEE'S ABILITY TO REGAIN MAXIMUM FUNCTION. REQUESTS OUTSIDE OF THIS DEFINITION SHOULD BE SUBMITTED AS ROUTINE/NON-URGENT. URGENT/EXPEDITED REQUESTS THAT DO NOT MEET MEDICAL CRITERIA ARE SUBJECT TO REVIEW AND DOWNGRADE. A WRITTEN/SIGNED PHYSICIAN ORDER REQUESTING EXPEDITED SERVICES WILL BE PROCESSED WITHIN 72 HOURS.** Patient eligibility should be verified at time of service by calling CCA Health Member Services at 1-866-333-3530 (TTY: 711). Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, except holidays, and 8 a.m. to 8 p.m., Monday through Friday, from April 1 through September 30, except holidays. **Claim(s)** will be paid if a prior authorization has been granted and member is eligible. Approved authorizations are valid up to 90 days. After that time, a new request will need to be submitted along with updated supporting documentation when applicable. For elective or planned Inpatient admissions, prior authorization is required. All other inpatient Acute, Psychiatric and Skilled Nursing Facility (SNF) admissions are subject to concurrent review. For authorization status you may call CCA Health Utilization Management at 1-877-370-2737.

Common Specialty Services Requiring Prior Authorization		
• Elective/Planned inpatient care • Home health care, including skilled nursing, rehab, and home infusion • Imaging studies (excluding mammography, x-ray and ultrasounds or single/flat view studies) and nuclear medicine • Interventional radiology • Chemotherapy and Radiation • Outpatient Mental Health Services including	• Substance Use/Chemical Detox/IOP • Outpatient surgery, rehabilitation including PT/OT/ST • Photo and radiation therapy • Wound care • Injectables (Part B) administered in physician's office other than immunizations administered by a PCP • Durable medical equipment (DME)	• Dialysis in service area • Colonoscopy and endoscopy (outside of routine preventative screenings) • EMG, nerve conduction studies • Hearing aids • Orthotics and prosthetics • Cardiac testing (excluding EKG) and catheterization • Medical Nutrition Therapy

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Date of Request: _____	Type of Request: ☐ Routine ☐Urgent ☐Retro Review

Patient Information

Patient Name			For eligibility verification please call 1-866-333-3530
Member ID Number	Birth Date		
Primary Care Provider Name	Contact	Phone	Fax

Referring Provider Information

Provider Name	Person Filling out this form	Direct Phone	Direct Fax

Indication for Referral

Diagnosis(es)/Code(s) _____

CPT Code(s) _____

List Patient's Clinical Condition, Lab Data, or Other Diagnostic Data _____

_____

Requested Consultation or Service _____

Requested (refer to) Provider Information

Requested Provider Facility/Name	Phone	Fax

To prevent further delays in processing determination, please attach clinical notes supporting the referral. *Fax authorization requests and supporting clinical notes to CCA Health Utilization Management at 1-866-207-6779. Routine authorization requests are processed within 14 Calendar days, expedited/urgent within 72 hours. Please call 1-877-370-2737 for authorization status.*

CCA Medicare Excel (HMO) is a health plan with a Medicare contract. Enrollment depends on contract renewal.